



575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Laboratory Results

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/26/2019 09:30 AM Point S-108066

Received : 06/26/2019 05:00 PM Location Well #4-2

Collected By CLIENT

Sample Comments:

S/U

Lab No. : 7095391001

Client Sample ID.: S-108066 S/U

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.61*		1	mg/L	0.3	06/27/2019 5:26 PM	001 BP4N1/1
Manganese	0.11		1	mg/L	0.3	06/27/2019 5:26 PM	001 BP4N1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 06/28/2019

Stu Murrell

Test results meet the requirements of NELAC unless otherwise noted.

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Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/26/2019 09:31 AM Point S-108066

Received : 06/26/2019 05:00 PM Location Well #4-2

Collected By CLIENT

Sample Comments:

1 MIN.

Lab No. : 7095391002

Client Sample ID.: S-108066 1-MIN.

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.57*		1	mg/L	0.3	06/27/2019 5:30 PM	002 BP4N1/1
Manganese	0.11		1	mg/L	0.3	06/27/2019 5:30 PM	002 BP4N1/1

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Sample Information:

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Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/26/2019 09:35 AM Point S-108066

Received : 06/26/2019 05:00 PM Location Well #4-2

Collected By CLIENT

Sample Comments:

5 MIN.

Lab No. : 7095391003

Client Sample ID.: S-108066 5-MIN.

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	1.6*		1	mg/L	0.3	06/27/2019 5:34 PM	003 BP4N1/1
Manganese	0.16		1	mg/L	0.3	06/27/2019 5:34 PM	003 BP4N1/1

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Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/26/2019 09:45 AM Point S-108066

Received : 06/26/2019 05:00 PM Location Well #4-2

Collected By CLIENT

Sample Comments:

15 MIN.

Lab No. : 7095391004

Client Sample ID.: S-108066 15-MIN.

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.96*		1	mg/L	0.3	06/27/2019 5:37 PM	004 BP4N1/1
Manganese	0.13		1	mg/L	0.3	06/27/2019 5:37 PM	004 BP4N1/1

Qualifiers:

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Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/26/2019 10:30 AM Point S-108066

Received : 06/26/2019 05:00 PM Location Well #4-2

Collected By CLIENT

Sample Comments:

1 HR.

Lab No. : 7095391005

Client Sample ID.: S-108066 1-HR..

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	1.1*		1	mg/L	0.3	06/27/2019 5:38 PM	005 BP4N1/1
Manganese	0.12		1	mg/L	0.3	06/27/2019 5:38 PM	005 BP4N1/1

Qualifiers:

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Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/26/2019 09:18 AM Point S-108065

Received : 06/26/2019 05:00 PM Location Well #4-1

Collected By CLIENT

Lab No. : 7095391006

Client Sample ID.: S-108065

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.54*		1	mg/L	0.3	06/27/2019 5:39 PM	006 BP4N1/1
Manganese	0.12		1	mg/L	0.3	06/27/2019 5:39 PM	006 BP4N1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

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WorkOrder :

7095391

Laboratory Certifications

Long Island Certification IDs

575 Broad Hollow Rd, Melville, NY 11747
New York Certification #: 10478 Primary Accrediting Body
New Jersey Certification #: NY158
Pennsylvania Certification #: 68-00350
Connecticut Certification #: PH-0435
Maryland Certification #: 208
Rhode Island Certification #: LAO00340
Massachusetts Certification #: M-NY026
New Hampshire Certification #: 2987

WO#: 7095391



7095391

Sample Request Form PUBLIC WATER SUPPLIER

WELL OFF LINE

Date: 6-26-19

Collected By: W. B. 46

Accepted By: [Signature]

Cooler Temp: 2.8 °C

WELL RUN TO SYSTEM

YES ☐ NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: P.O. BOX 1013

HAMPTON BAYS, NEW YORK 11946

(631) 728-0479

Phone #: _____

Attn: _____

Proj. # or (Name): _____

Bill To: _____

Copies To: _____

Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Routine	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
9:30 6-26-19	GW	WELL 4-2 5/8"	RW	-	RO		IRON + MANG.	001
9:31 6-26-19	GW	WELL 4-2 1min	RW	-	RO		IRON + MANG.	002
9:35 6-26-19	GW	WELL 4-2 5min	RW	-	RO		IRON + MANG.	003
9:45 6-26-19	GW	WELL 4-2 15min	RW	-	RO		IRON + MANG.	004
10:30 6-26-19	GW	WELL 4-2 1 HR	RW	-	RO		IRON + MANG.	005
9:18 6-26-19	GW	WELL 4-1	RW	-	RO		IRON + MANG.	006
Remarks:								



Sample Condition Upon Receipt

WO#: 7095391

PM: SWM Due Date: 07/02/19

CLIENT: HBW

Client Name: HBWCourier: ☐ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☒ Yes ☐ No Seals intact: ☒ Yes ☐ NoPacking Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ OtherThermometer Used: TH091Correction Factor: +0.2Cooler Temperature (°C): 2.8Cooler Temperature Corrected (°C): 3.0Temperature Blank Present: ☐ Yes ☒ NoType of Ice: ☒ Wet ☐ Blue ☐ None☐ Samples on ice, cooling process has begun

Date/Time 5035A kits placed in freezer

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)Date and Initials of person examining contents: Ed 6/26/19Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NODid samples originate from a foreign source (international including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

				COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		6.
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		10.
Containers Intact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		11.
Filtered volume received for Dissolved tests	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		12.
-Includes date/time/ID/Analysis Matrix SL WT OIL				
All containers needing preservation have been checked	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot # <u>HC863463</u>				Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, NaOH > 12 Cyanide)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water).				
Per Method, VOA pH is checked after analysis				
Samples checked for dechlorination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #				
Residual chlorine strips Lot #				Positive for Res. Chlorine? Y N
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):				

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: